

COORDINATORS APPLICATION FOR A TEMPORARY EVENT THOMAS JEFFERSON HEALTH DISTRICT

Health Department Office	Address	Phone Number	Fax Number
Charlottesville/Albemarle County	1138 Rose Hill Drive, PO Box 7546 Charlottesville, Va. 22906	434-972-6219	434-972-4310
Fluvanna County	Rt. 15 County Office Bldg. PO Box 136 Palmyra Va. 22963	434-591-1965	434-591-1961
Greene County	50 Stanard St. PO Box 38 Stanardsville, Va. 22973	434-985-2262	434-985-4822
Louisa County	101 Ashley St. PO Box 336 Louisa, Va. 23093	540-967-3703	540-967-3706
Nelson County	63 Courthouse Square PO Box 98 Lovingson, Va. 22949	434-263-4297	434-263-4304

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. This **Coordinators Application** should be submitted as soon as possible and a minimum of **14 days** before the event. Each food vendor, except for permitted mobile units, that proposes to work your event must submit an **Application for Permit to Operate a Temporary Food Establishment**. These applications should also be submitted as soon as possible and a minimum of 10 days prior to the date of the event and can be submitted through our district office in Charlottesville, or any of our local county offices. The Event Coordinator is responsible for timely submission of all applications. For additional information you can call our district office in Charlottesville at 434-972-6219; 972-4310 (fax).

Copies of the Application to Operate temporary Food Establishment, as well as a guidance document that lists what is needed in order to obtain a temporary food permit, can be obtained from any of our local offices or by accessing our web site: <http://www.vdh.virginia.gov/LHD/tj/index.asp>.

(Please Print or Type)

1. Name of Event: _____

2. Event Start Date: _____ Event End Date: _____

3. Event Location: _____

911 Addresses: _____

4. Name of Event Coordinator or Person-In-Charge of the event:

A. Name: _____

Mailing Address: _____

Phone Numbers (work/home/cell): _____

E-mail address: _____

B. Name of Alternate Contact: _____

Mailing Address: _____

Phone Numbers (work/home/cell): _____

E-mail address: _____

5. Number of Anticipated Food Booths: _____

6. **Time of Set-Up of the Food Operators:** _____ Time Event Starts: _____
NOTE: This is the time you have asked food vendors to be ready for inspection by the Health Department. This time should be at least 1 hour prior to the start time of the event. Please allow more time for events with more than 5 vendors.

7. **Services Provided On Site to the Food Vendors** (check all that apply):

Water Supply: ☐ There is access to a potable water supply line on site.

Water source is: ___ public ___ private (copy of water test results obtained in current year required)

☐ Vendors must bring their own water supply (i.e. bottled or potable water tank on mobile unit).

Electricity: ☐ There is access to electricity on site.

☐ Vendors are allowed to use generators on site.

☐ There will be no electricity on site.

Liquid Waste ☐ There will be liquid waste containers/receptacles on site.

Method: _____ free standing receptacles, _____ in portable restrooms allowed by restroom provider, _____ in public sewer allowed by service authority/coordinator, _____ in private septic system allowed by owner (requires HD approval)

Disposal: ☐ Vendors must collect and remove their own liquid waste.

Trash/Refuse ☐ There will be trash containers/receptacles on site

Disposal: ☐ Vendors must collect and remove their own solid waste.

Tents or ☐ Tents or canopies for food stands /booths will be provided.

Canopies: ☐ Food vendors must provide their own overhead protection.

Estimated Attendance: _____

Number of Toilet Facilities: _____ **Type:** ___ Public Restrooms ___ Portable Toilets

Please be aware that food vendors may be limited in the menu they can offer if these services are not provided at the event site. The event coordinator is responsible for informing the vendors of any restrictions you must impose.

8. **Attach a Site Map showing the layout and location of food booths, restroom facilities, garbage disposal sites, wastewater disposal facilities, etc.**
9. **List contact information for all proposed food vendors on following page. Note: Vendors must be approved/invited by event coordinator.**

Signature of Applicant

Date

Printed Name of Applicant

Vendor List

Vendor Name (Doing Business As)	Type i.e. mobile unit, restaurant, temporary vendor	Vendor Phone #	Vendor fax # or email

Revised: 3/5/12